

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	7	48	5/2/01
O.I.P.E. CLASSIFIER	HS	866	05-31-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓ 7-23-01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	J ✓
19	✓
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21	✓
22	✓
23	✓
24	✓
25	✓
26	J ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy